



FEE CALCULATION

| For  | Current   | Prev. Paid | No. Extra | Rate      | Fee              |
|--|-----------|------------|-----------|-----------|------------------|
| Total Claims   | <b>21</b> | - 25       | 0         | \$ 50.00  | \$0.00           |
| Indep. Claims  | <b>3</b>  | - 5        | 0         | \$ 200.00 | \$0.00           |
| Multiple Dependent Claims (add \$300.00 if applicable)               |           |            |           |           | \$0.00           |
| <b>Petition for Extension of Time is Required – 3 months</b>         |           |            |           |           | \$1020.00        |
| <b>OTHER FEE</b> (specify purpose): Information Disclosure Statement |           |            |           |           | \$180.00         |
| <b>TOTAL FEE</b>   |           |            |           |           | <b>\$1200.00</b> |


Credit Card Authorization Form in the amount of **\$1200.00** is enclosed.

The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1852 as described below. A duplicate copy of this sheet is enclosed.

- ☒ Credit any overpayment.
- ☒ Charge any additional fees required under 37 CFR 1.16 and 1.17.

Respectfully submitted,

February 15, 2005  
Date

  
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